CONNECTICUT
LEGAL
RIGHTS
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.
PUBLIC HEALTH COMMITTEE PUBLIC HEARING
MARCH 17, 2021

In general, support of SB 1, AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC, **with concerns**

In support of SB 1030, AN ACT CONCERNING LONG-TERM CARE FACILITIES, **with suggested additional language**

Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit and distinguished members of the Public Health Committee:

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Good afternoon. My name is Kathy Flaherty and I am the Executive Director of Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides legal services to low income adults with serious mental health conditions. CLRP was established in 1990 pursuant to a Consent Order that mandated that the state provide funding for CLRP to protect the civil rights of DMHAS clients who are hospitalized, as well as those clients who are living in the community.

I appreciate the top priority that legislative leadership has placed on addressing access to both physical and health care, as evidenced by the bill number. **In general, I am in strong support of SB 1 because I believe that it will accomplish its stated goals.** We must ensure that we offer students leaving school information about the resources that are available to them. We must acknowledge that **systemic racism has resulted in a public health crisis** because of health disparities, both in the social determinants of health and because of systemic

racism within medicine. We must label this what it is in order to effectively address it and increase health equity.

However, I want to outline our concerns about a few sections. **The committee should amend the bill to remove Section 2**. The State of Connecticut Department of Mental Health and Addiction Services (DMHAS) endorses a statewide curriculum and examination of peer support specialists. Peer support specialists who are employed by behavioral health organizations and agencies are referred to as Recovery Support Specialists. The Connecticut Community for Addiction Recovery (CCAR) offers a nationally recognized educational program for Recovery Coaches who work in Connecticut and in many other states. The Department of Public Health is not currently involved in regulating or certifying peer support specialists.

The Insurance and Real Estate Committee recently held a public hearing including HB 6588, AN ACT CONCERNING MENTAL HEALTH CARE AND SUBSTANCE ABUSE SERVICES. Section 2 of HB 6588 would establish a statewide task force to study insurance reimbursement for peer services. This bill is highly supported across the state in the mental health and addiction service and recovery communities.

CLRP joins others in the mental health advocacy community in asking you to **please strike Section 2 from SB 1**, and support the passage of HB 6588.

I also urge you to reconsider who the people are who belong at the table for the Truth & Reconciliation Commission that would be created pursuant to **Section 7.** The commission needs more community members involved on the commission itself – not just invited to do a presentation. I worry that another gathering of experts will results in creation of another report that does not have community buy-in and will sit on a shelf.

CLRP supports SB 1030, because this pandemic has had a devastating impact on the residents of long-term care facilities in this state and elsewhere. However, one of the recommendations from the Mathematica report was never addressed by the members of the Nursing Home and Assisted Living Oversight Working Group, likely because no one who identifies as disabled or no one with a disability who

had lived in a nursing home and was discharged with services and supports under Money Follows the Person served on that working group. This committee should rectify that error and put into law Mathematica's recommendation (LR 19) that "the state should ensure all LTC residents receive counseling on their options to receive services in the community and support those who want to return to the community." Please amend the bill to include language that would accomplish this.

I will also repeat my request, submitted in testimony on other bills, that you **support the right of people who reside in state-operated psychiatric facilities (where the average length of stay is 300 days) to have access to the same kinds of tools to communicate**. I have attached suggested language to this written testimony. Visitation was shut down for patients in DMHAS facilities last March, the same way it was shut down for nursing home residents. Our clients experienced the same kind of isolation from their loved ones that residents of nursing homes and assisted living facilities did. **Please do not forget them.**

Connecticut Legal Rights Project, Inc. P.O. Box 351, Silver Street, Middletown, CT 06457 (860) 262-5030

Bring the Patients' Bill of Rights Into the 21st Century

The Problem

We hear a lot of talk about the importance of maintaining social connections during the pandemic. Why, then, are patients in inpatient psychiatric facilities limited to connecting to friends and family through mail and a community use telephone?

The Solution

Connecticut law should be changed so that people can have access to their personal cell phone and access to a computer and internet for e-mail while they are in an inpatient psychiatric facility.

Current Law

(Proposed Text underlined)

Sec. 17a-546. (Formerly Sec. 17-206g). Communication by mail and telephone.
(a) Every patient shall be permitted to communicate by sealed mail or by email with any individual, group or agency, except as provided in this section.

(b) Every hospital for treatment of persons with psychiatric disabilities shall furnish writing materials and postage to any patient desiring them, and shall furnish access to a computer and the internet for the purpose of sending and receiving e-mail.

(e) Every patient shall be permitted to make and receive telephone calls, except as provided in this section. Public telephones shall be made available in appropriate locations.

Patients shall have access to their own personal cell phones to make and receive calls, to send and receive texts and to send and receive email, except as provided in this section.

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